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       3358   FILE PROMT
       4489   FILE PROUSDDR
      16618   FILE SCISEARCH
          2   FILE SYNTHLINE
       8646   FILE TOXCENTER
      13482   FILE USPATFULL
       1942   FILE USPAT2
          6   FILE VETB
         12   FILE VETU
       6929   FILE WPIDS
         87   FILE WPIFV
       6929   FILE WPINDEX

  56 FILES HAVE ONE OR MORE ANSWERS,   67 FILES SEARCHED IN STNINDEX

L1    QUE (GVHD OR HVGD OR (GRAFT(W) VERSUS(W) HOST) OR (HOST(W) VERSUS(W) GRAFT
        ) OR (TRANSPLANT(W) REJECTION))

=> file embase biosis medline
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                       ENTRY    SESSION
FULL ESTIMATED COST                                     1.89       2.10

FILE 'EMBASE' ENTERED AT 16:16:47 ON 02 APR 2007
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FILE 'BIOSIS' ENTERED AT 16:16:47 ON 02 APR 2007
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FILE 'MEDLINE' ENTERED AT 16:16:47 ON 02 APR 2007

=> s (GVHD or HVGD or (graft(w)versus(w)host) or (host(w)versus(w)graft) or
(transplant(w)rejection))
L2        59029 (GVHD OR HVGD OR (GRAFT(W) VERSUS(W) HOST) OR (HOST(W) VERSUS(W)
                GRAFT) OR (TRANSPLANT(W) REJECTION))

=> s l2 and corticosteroid
L3         1714 L2 AND CORTICOSTEROID

=> s l3 and ((topically or locally)(w)acti?)
L4           12 L3 AND ((TOPICALLY OR LOCALLY)(W) ACTI?)

=> dup rem l4
PROCESSING COMPLETED FOR L4
L5            7 DUP REM L4 (5 DUPLICATES REMOVED)

=> d l5 1-7 ti

L5    ANSWER 1 OF 7  EMBASE  COPYRIGHT (c) 2007 Elsevier B.V. All rights
      reserved on STN                                    DUPLICATE 1
TI    Oral Beclomethasone Dipropionate for the Treatment of Gastrointestinal
      Acute Graft-versus-Host Disease (
      GVHD).

L5    ANSWER 2 OF 7  EMBASE  COPYRIGHT (c) 2007 Elsevier B.V. All rights
      reserved on STN
TI    Long-Term use of oral beclomethasone dipropionate for the treatment of
      gastrointestinal graft-versus-host disease.

L5    ANSWER 3 OF 7  EMBASE  COPYRIGHT (c) 2007 Elsevier B.V. All rights
      reserved on STN
TI    [Minimalizing the side effects with topically active
      steroid in chronic inflammatory bowel disease].
      MIT TOPISCH AKTIVEM STEROID NEBENWIRKUNGEN MINIMIEREN.
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L5 ANSWER 4 OF 7 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
TI Method for preventing tissue damage associated with graft-versus-host or host-versus-graft disease following transplantation.

L5 ANSWER 5 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI New approaches to topical therapy.

L5 ANSWER 6 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN DUPLICATE 2
TI Feasibility and response to budesonide as topical corticosteroid therapy for acute intestinal GVHD.

L5 ANSWER 7 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN DUPLICATE 3
TI Oral beclomethasone dipropionate for treatment of human intestinal graft- versus-host disease.

=> d l5 1 2 3 4 5 6 7 ti abs bib

L5 ANSWER 1 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN DUPLICATE 1
TI Oral Beclomethasone Dipropionate for the Treatment of Gastrointestinal Acute Graft-versus-Host Disease (GVHD).
AB Acute graft-versus-host disease (aGVHD) remains one of the most severe complications after allogeneic transplantation; in particular, the presence of gut involvement has been related to increased mortality and poorer response. The use of systemic steroids remains the standard for first-line treatment despite its severe secondary effects. Beclomethasone dipropionate (BDP) is a topically active corticosteroid with low absorption, thereby avoiding many of the deleterious side effects associated with systemic steroids. In the present study we analyzed the efficacy of BDP in a series of 26 patients who were diagnosed with grade 1 and 2 gastrointestinal aGVHD. Twenty patients (77%) responded to BDP treatment, 17 (65.5%) reached complete remission (CR), and 3 (11.5%) showed partial response. Among those patients who reached CR, 5 relapsed, although 1 of them reached second CR after a second course of BDP; therefore, 13 (50%) of the 26 patients did not require systemic steroids to treat gastrointestinal aGVHD. CR rates in those showing gastrointestinal symptoms were 68% for patients with persistent nausea, 50% for those with vomiting, and 54% for those with diarrhea (P = .2). No patient included in the study developed any symptom related to adrenal axis suppression. Thirteen patients (50%) developed ≥1 infectious episode during the first 100 days after transplantation. Transplant-related mortality was 0% at 100 days, and overall transplant-related mortality was 30%, with only 2 patients dying due to infectious complications. Therefore, our study shows that monotherapy with oral BDP is an effective initial therapeutic approach for mild to moderate intestinal GVHD, which avoids complications related to systemic steroids. .COPYRGT. 2006 American Society for Blood and Marrow Transplantation.
AN 2006395794 EMBASE <<LOGINID::20070402>>
TI Oral Beclomethasone Dipropionate for the Treatment of Gastrointestinal Acute Graft-versus-Host Disease (GVHD).
AU Castilla C.; Perez-Simon J.A.; Sanchez-Guijo F.M.; Diez-Campelo M.; Ocio E.; Perez-Persona E.; Lopez-Villar O.; Vazquez L.; Caballero D.; San Miguel J.F.
CS J.A. Perez-Simon, Servicio de Hematologia, Hospital Clinico Universitario,

Centro de Investigacion del Cancer, Salamanca, Spain. pesimo@usal.es
SO Biology of Blood and Marrow Transplantation, (2006) Vol. 12, No. 9, pp. 936-941. .
Refs: 30
ISSN: 1083-8791 E-ISSN: 1523-6536 CODEN: BBMTF6
PUI S 1083-8791(06)00380-6
CY United States
DT Journal; Article
FS 006 Internal Medicine
025 Hematology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LA English
SL English
ED Entered STN: 8 Sep 2006
Last Updated on STN: 8 Sep 2006

L5 ANSWER 2 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Long-Term use of oral beclomethasone dipropionate for the treatment of gastrointestinal graft-versus-host disease.
AB Treatment of severe acute and chronic gastrointestinal (GI) graft -versus-host disease (GVHD) with prolonged high-dose systemic corticosteroids has limited success and considerable toxicity. Beclomethasone dipropionate (BDP) is a potent topically active steroid. We treated 15 patients with acute (n = 2) or chronic (n = 13) GI GVHD refractory to systemic corticosteroids with 28-day courses of oral BDP (2 mg 4 times daily). Response was measured by the change in GI score (sum of 6 GI symptoms) as well as the ability to taper or discontinue systemic corticosteroids. Nine (60%) of 15 evaluable patients responded to BDP, including 3 complete responses (a GI score of 0 or 1 and discontinuation of systemic corticosteroids). Attempts to taper calcineurin inhibitor during BDP therapy were unsuccessful. The 2 patients with acute GVHD had no response to BDP. Responders received a median of 3 cycles (range, 1-20), compared with 1 cycle (range, 1-5) in nonresponders. Suppression of the hypothalamic-adrenal axis was seen in 2 of the 5 patients tested, but neither demonstrated clinically significant symptoms. We conclude that BDP is safe and effective for long-term treatment of chronic GI GVHD. Multiple courses may be necessary to achieve or maintain response in some patients, and prolonged BDP therapy is a feasible alternative to prolonged systemic corticosteroids. .COPYRGT. 2005 American Society for Blood and Marrow Transplantation.
AN 2005324090 EMBASE <<LOGINID::20070402>>
TI Long-Term use of oral beclomethasone dipropionate for the treatment of gastrointestinal graft-versus-host disease.
AU Iyer R.V.; Hahn T.; Roy H.N.; Battiwalla M.; Cooper M.; Anderson B.; Paplham P.; Brown K.; Bambach B.; Segal B.H.; McCarthy Jr. P.L.
CS Dr. R.V. Iyer, Roswell Park Cancer Institute, Elm and Carlton Streets, Buffalo, NY 14263, United States. renuka.iyer@roswellpark.org
SO Biology of Blood and Marrow Transplantation, (2005) Vol. 11, No. 8, pp. 587-592. .
Refs: 17
ISSN: 1083-8791 CODEN: BBMTF6
PUI S 1083-8791(05)00264-8
CY United States
DT Journal; Article
FS 016 Cancer
025 Hematology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology

LA English
SL English
ED Entered STN: 1 Sep 2005
Last Updated on STN: 1 Sep 2005

L5 ANSWER 3 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI [Minimalizing the side effects with topically active steroid in chronic inflammatory bowel disease].
MIT TOPISCH AKTIVEM STEROID NEBENWIRKUNGEN MINIMIEREN.
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER
AN 2003367991 EMBASE <<LOGINID::20070402>>
TI [Minimalizing the side effects with topically active steroid in chronic inflammatory bowel disease].
MIT TOPISCH AKTIVEM STEROID NEBENWIRKUNGEN MINIMIEREN.
AU Vetter C.
SO Deutsche Apotheker Zeitung, (15 Aug 2003) Vol. 143, No. 33, pp. 42-43. .
ISSN: 0011-9857 CODEN: DAZEA2
CY Germany
DT Journal; (Short Survey)
FS 016 Cancer
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LA German
ED Entered STN: 25 Sep 2003
Last Updated on STN: 25 Sep 2003

L5 ANSWER 4 OF 7 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN
TI Method for preventing tissue damage associated with graft-versus-host or host-versus-graft disease following transplantation.
AB A method for preventing tissue damage associated with graft-versus-host disease in a patient having undergone hematopoietic cell transplantation, and host-versus-graft disease in a patient having undergone organ allograft transplantation. The method includes orally administering to the patient a prophylactically effective amount of a topically active corticosteroid, such as beclomethasone dipropionate, for a period of time following hematopoietic cell or organ allograft transplantation, and prior to the presentation of symptoms associated with graft-versus-host disease or host-versus-graft disease. Representative tissues includes tissue of the intestine and liver, while representative tissue damage includes inflammation thereof.
AN 2001:194006 BIOSIS <<LOGINID::20070402>>
DN PREV200100194006
TI Method for preventing tissue damage associated with graft-versus-host or host-versus-graft disease following transplantation.
AU McDonald, George B. [Inventor, Reprint author]
CS Bellevue, WA, USA
ASSIGNEE: Institute for Drug Research, Inc., New York, NY, USA
PI US 6096731 20000801
SO Official Gazette of the United States Patent and Trademark Office Patents, (Aug. 1, 2000) Vol. 1237, No. 1. e-file.
CODEN: OGUPE7. ISSN: 0098-1133.
DT Patent
LA English
ED Entered STN: 20 Apr 2001
Last Updated on STN: 18 Feb 2002

L5 ANSWER 5 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

TI New approaches to topical therapy.
AB Despite the rapid and proven efficacy of topical corticosteroids, side-effects can limit their clinical usefulness. Topically active macrolide immunosuppressants such as ascomycin and tacrolimus appear to provide comparable therapeutic potency without significant local or adverse effects. Data from ongoing studies will be crucial in determining the safety of these agents in the long term, and also their place within the current therapeutic armamentarium available for patients with atopic dermatitis. Enzyme inhibitors of PLA(2) and PDE 4 currently in the very early stages of clinical development also show potential promise as additional alternative strategies to topical treatment and may perhaps act as steroid sparing agents. Having been in the therapeutic doldrums for years, topical management of atopic dermatitis is likely to show great changes in the very near future.
AN 2001041629 EMBASE <<LOGINID::20070402>>
TI New approaches to topical therapy.
AU Smith C.H.
CS C.H. Smith, Skin Therapy Research Unit, St John's Institute of Dermatology, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH, United Kingdom. catherine.smith@uhl.nhs.uk
SO Clinical and Experimental Dermatology, (2000) Vol. 25, No. 7, pp. 567-574.
.
Refs: 39
ISSN: 0307-6938 CODEN: CEDEDE
CY United Kingdom
DT Journal; General Review
FS 013 Dermatology and Venereology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
ED Entered STN: 15 Feb 2001
Last Updated on STN: 15 Feb 2001

L5 ANSWER 6 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN DUPLICATE 2
TI Feasibility and response to budesonide as topical corticosteroid therapy for acute intestinal GVHD.
AB Therapy of acute intestinal GVHD is still one of the main challenges after allogeneic transplantation. Increasing systemic immunosuppression (IS) is the first choice and includes corticosteroids and lymphocyte antibodies, often associated with severe side-effects. In inflammatory bowel diseases such as Crohn's disease and ulcerative colitis, topical steroid therapy is used very successfully. Because of the similarity between these and acute intestinal GVHD we conducted a trial with oral budesonide (Budenofalk), a new topically active glucocorticoid, to treat patients with acute GVHD ≥ grade II. After a diagnosis of aGVHD ≥ grade II, 22 patients received increased IS, mainly systemic corticosteroids, and additionally budesonide 9 mg/day divided into three doses. Improvement in aGVHD, infectious side-effects, reduction of systemic IS and outcome were documented. Results were compared with the results of 19 control patients, who were treated only by increasing IS dose. In 17/22 patients (70%), treated with budesonide, the acute intestinal GVHD resolved and no relapse occurred after decreasing the systemic IS, while continuing budesonide. In only 8/19 patients in the control group did the acute intestinal GVHD resolve and 2/8 patients had a relapse of intestinal GVHD after decreasing IS, with an overall response of 33%. No severe intestinal infections occurred. We conclude that budesonide may be effective in acute intestinal GVHD as a topical corticosteroid and prospective, randomized studies should demonstrate its efficacy in allowing reduction of systemic immunosuppressive therapy, and its side-effects.

AN 2000015383 EMBASE <<LOGINID::20070402>>
TI Feasibility and response to budesonide as topical corticosteroid therapy for acute intestinal GVHD.
AU Bertz H.; Afting M.; Kreisel W.; Duffner U.; Greinwald R.; Finke J.
CS Dr. H. Bertz, University Medical Center, Department of Hematology, Oncology, Hugstetter Str. 55, D-79106 Freiburg, Germany
SO Bone Marrow Transplantation, (1999) Vol. 24, No. 11, pp. 1185-1189. .
Refs: 24
ISSN: 0268-3369 CODEN: BMTRE
CY United Kingdom
DT Journal; Article
FS 025 Hematology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LA English
SL English
ED Entered STN: 20 Jan 2000
Last Updated on STN: 20 Jan 2000

L5 ANSWER 7 OF 7 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN DUPLICATE 3
TI Oral beclomethasone dipropionate for treatment of human intestinal graft- versus-host disease.
AB Intestinal graft-versus-host disease (
GVHD) causes anorexia, vomiting, abdominal pain, and diarrhea. We investigated oral beclomethasone dipropionate (BDP), a potent, topically active corticosteroid, as therapy
for this disease. Forty-two allogeneic marrow-graft recipients with biopsy- proven intestinal graft-versus-host
disease of mild-to-moderate severity received BDP (8 mg daily) for up to 28 days. Weekly symptom scores, oral intake, and surveillance throat and stool cultures were compared with baseline values. Adrenal testing was performed serially in patients not receiving concurrent prednisone. Improvement was seen in appetite ($P<0.001$), oral intake ($P<0.001$), nausea ($P=0.013$), and diarrhea ($P=0.02$) over the course of therapy, and an overall beneficial response was observed in 72% of 40 evaluable patients. Surveillance cultures of throat and stool showed no increase in bacterial or fungal colonization over time. The adrenal axis became suppressed in 11 of 20 evaluable patients (55%) but suppression was not a prerequisite for clinical response, as 6 of 9 patients who retained normal adrenal function improved clinically. We conclude that oral BDP is a safe and effective treatment for mild-to-moderate intestinal graft-
versus- host disease. Systemic absorption probably
occurs, but adrenal suppression is not a prerequisite for clinical efficacy, suggesting that the biological effect is primarily topical. BDP should be further investigated as a topical therapy for intestinal GVHD.
AN 96002289 EMBASE <<LOGINID::20070402>>
DN 1996002289
TI Oral beclomethasone dipropionate for treatment of human intestinal graft- versus-host disease.
AU Baehr P.H.; Levine D.S.; Bouvier M.E.; Hockenbery D.M.; Gooley T.A.; Stern J.G.; Martin P.J.; McDonald G.B.
CS Gastroenterology/Hepatology Section, Fred Hutchinson Cancer Research Ctr., 1124 Columbia Street,Seattle, WA 98104, United States
SO Transplantation, (1995) Vol. 60, No. 11, pp. 1231-1238. .
ISSN: 0041-1337 CODEN: TRPLAU
CY United States
DT Journal; Article
FS 026 Immunology, Serology and Transplantation
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LA English
SL English
ED Entered STN: 27 Jan 1996
Last Updated on STN: 27 Jan 1996

=> s l3 and (long(w)term)
L6 184 L3 AND (LONG(W) TERM)

=> s l6 not py>2001
L7 82 L6 NOT PY>2001

=> dup rem l7
PROCESSING COMPLETED FOR L7
L8 68 DUP REM L7 (14 DUPLICATES REMOVED)

=> s l8 and oral
L9 21 L8 AND ORAL

=> d l9 1-21 ti

L9 ANSWER 1 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Long-term immunosuppresion and drug interactions.

L9 ANSWER 2 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Conversion from cyclosporin to tacrolimus in paediatric liver transplant recipients.

L9 ANSWER 3 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Chronic graft-versus-host disease: Clinical manifestation and therapy.

L9 ANSWER 4 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI The challenge of rejection and cardiac allograft vasculopathy.

L9 ANSWER 5 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Successful treatment of dry eye in two patients with chronic graft -versus-host disease with systemic administration of FK506 and corticosteroids.

L9 ANSWER 6 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Treatment of transplant rejection: Are the traditional immunosuppressants good enough?.

L9 ANSWER 7 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Graft-versus-host disease: A major problem after bone marrow transplantation in children.

L9 ANSWER 8 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Long term management of liver transplant rejection in children.

L9 ANSWER 9 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Immune thrombocytopenia after umbilical cord progenitor cell transplant: Response to vincristine.

L9 ANSWER 10 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Avascular necrosis following bone marrow transplantation: A case-control study.

L9 ANSWER 11 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Primary treatment of acquired aplastic anemia: Outcomes with bone marrow transplantation and immunosuppressive therapy.

L9 ANSWER 12 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Evaluation of a CD5-specific immunotoxin for treatment of acute graft- versus-host disease after allogeneic marrow transplantation.

L9 ANSWER 13 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Clinically significant drug interactions with cyclosporin. An update.

L9 ANSWER 14 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Cyclosporin. A review of its pharmacological properties and role in the management of graft versus host disease.

L9 ANSWER 15 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Growth in patients after allogeneic bone marrow transplant for hematological diseases in childhood.

L9 ANSWER 16 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Thalidomide in the management of chronic graft-versus-host disease in children following bone marrow transplantation.

L9 ANSWER 17 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Pharmacologic prophylaxis of acute graft-versus-host disease after allogeneic marrow transplantation.

L9 ANSWER 18 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Successful bone marrow transplantation in children with severe aplastic anemia using HLA-partially matched family donors.

L9 ANSWER 19 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Treatment of recurrent metastatic medulloblastoma with intensive chemotherapy and allogeneic bone marrow transplantation.

L9 ANSWER 20 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Acute and long-term complications of corticosteroid pulse therapy.

L9 ANSWER 21 OF 21 MEDLINE on STN
TI Acute and long-term complications of corticosteroid pulse therapy.

=> d l1 1 6 7 8 20 21 ti abs bib
L1 HAS NO ANSWERS
L1 QUE (GVHD OR HVGD OR (GRAFT(W) VERSUS(W) HOST) OR (HOST(

W) VERSUS(W) GRAFT) OR (TRANSPLANT(W) REJECTION))

=> d l9 1 6 7 8 20 21 ti abs bib

L9 ANSWER 1 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Long-term immunosuppresion and drug interactions.
AB 1. Early patient and graft survival are excellent after liver transplantation. 2. The focus must be on reducing toxicity associated with long-term immunosuppression. 3. Available new drugs offer the potential to reduce toxicity by combination therapy or replacement of toxic agents. 4. Individual patient immunosuppressive protocols should be developed. 5. Drug interactions are common and the source of significant morbidity.
AN 2001418810 EMBASE <<LOGINID::20070402>>
TI Long-term immunosuppresion and drug interactions.
AU Levy G.A.
CS Dr. G.A. Levy, Multi Organ Transplant Program, Toronto General Hospital, University of Toronto, 621 University Ave., Toronto, Ont., Canada. glfgl2@attglobal.net
SO Liver Transplantation, (2001) Vol. 7, No. 11 SUPPL. 1, pp. S53-S59. .
Refs: 17
ISSN: 1527-6465 CODEN: LITRFO
CY United States
DT Journal; Article
FS 009 Surgery
026 Immunology, Serology and Transplantation
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LA English
SL English
ED Entered STN: 13 Dec 2001
Last Updated on STN: 13 Dec 2001

L9 ANSWER 6 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Treatment of transplant rejection: Are the traditional immunosuppressants good enough?.
AB Due to the improvement in the understanding of the anti-allogenic immune response, the success of transplantation medicine has increased rapidly over the last two decades. The knowledge that the T-lymphocyte played an integral role in transplant rejection, brought cyclosporine A and FK-506 to the fore as therapeutic immunosuppressants. However, the current mainstays in transplant rejection are not without their problems and many drug companies are exploring the possibilities of improving the available therapies by developing drugs with reduced toxicity, improved long-term survival and efficacy against chronic rejection and improved immunosuppressive selectivity. The advances in the understanding of T-cell activation and lymphocyte trafficking has highlighted ways to improve the existing therapies and more selective immunosuppressant targets.
AN 2001133904 EMBASE <<LOGINID::20070402>>
TI Treatment of transplant rejection: Are the traditional immunosuppressants good enough?.
AU Dumont F.J.
CS F.J. Dumont, Dept. Immunol. and Rheumatology, Merck Research Labaratories, Room RY80W107, 126 East Lincoln Avenue, Rahway, NJ 07065, United States. francis_dumont@merck.com
SO Current Opinion in Investigational Drugs, (2001) Vol. 2, No. 3, pp. 357-363. .
Refs: 60

ISSN: 0967-8298 CODEN: CIDREE
CY United Kingdom
DT Journal; General Review
FS 037 Drug Literature Index
030 Pharmacology
038 Adverse Reactions Titles
026 Immunology, Serology and Transplantation
LA English
SL English
ED Entered STN: 30 Apr 2001
Last Updated on STN: 30 Apr 2001

L9 ANSWER 7 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Graft-versus-host disease: A major problem after bone marrow transplantation in children.
AB Graft versus host disease (GVHD) is a serious complication following allogeneic haematopoietic stem cell transplantation (HSCT) and is associated with significant morbidity and mortality. In children or adults receiving allogeneic HSCT (e.g. for the treatment of haematological disease, such as leukaemia or aplastic anaemia), T cells from donor bone marrow or peripheral blood stem cells (PBSCs) may mount an immunological attack on host tissues (e.g. skin, liver, GI tract), and this is manifested as GVHD. Once acute GVHD is established, the response rate to therapy, typically with corticosteroids and/or antithymocyte globulin, is often unsatisfactory. Therefore, prevention is critical, and cyclosporin is the cornerstone of prophylaxis, commonly used in combination with methotrexate. Chronic GVHD can develop and is the major cause of morbidity and mortality in long term survivors of allogeneic HSCT. First-line treatment of chronic GVHD is generally considered to be a combined regimen of cyclosporin plus corticosteroids.
AN 2001094065 EMBASE <<LOGINID::20070402>>
TI Graft-versus-host disease: A major problem after bone marrow transplantation in children.
SO Drugs and Therapy Perspectives, (26 Feb 2001) Vol. 17, No. 4, pp. 11-15. .
Refs: 14
ISSN: 1172-0360 CODEN: DTHPEE
CY New Zealand
DT Journal; Article
FS 007 Pediatrics and Pediatric Surgery
025 Hematology
026 Immunology, Serology and Transplantation
037 Drug Literature Index
LA English
SL English
ED Entered STN: 29 Mar 2001
Last Updated on STN: 29 Mar 2001

L9 ANSWER 8 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Long term management of liver transplant rejection in children.
AB The current management of hepatic allograft rejection after liver transplantation in children requires effective baseline immunosuppression to prevent rejection and rapid diagnosis and treatment to manage acute rejection episodes. The subsequent impact on chronic rejection is dependent on the combination of adequate prevention and the treatment of acute rejection. Tacrolimus is a macrolide lactone that inhibits the signal transduction of interleukin-2 (IL-2) via calcineurin inhibition. Introduced in 1989, tacrolimus was first used in the salvage of refractory acute or chronic rejection under, cyclosporin or to rescue patients with significant cyclosporin-related complications. The majority of paediatric transplant centres use a combination of steroids with tacrolimus as a

basic immunosuppressant regimen following paediatric liver transplantation. This combination has allowed the acute cellular rejection-free rate to increase to between 30 and 60%, while lowering the rate of refractory rejection to less than 5%. Corticosteroid -resistant rejection is commonly treated with monoclonal (muromonab CD3) or polyclonal preparations. Although most episodes of acute cellular rejection occur during the first 6 weeks after liver transplant, the appearance of late acute liver allograft rejection must raise the question of noncompliance, especially in the adolescent population. Chronic rejection is becoming increasingly rare under tacrolimus-based immunosuppression. Tacrolimus is effective in reversing refractory acute cellular rejection or early chronic rejection in patients initially treated with cyclosporin-based regimens. Patients with a history of noncompliance as well as children with auto-immune liver disease are at risk of chronic rejection. Retransplantation therapy for chronic rejection has, fortunately, become more rare in the tacrolimus era with only 3% of retransplants being performed for this indication. Newer immunosuppressive agents are further modifying the long term management of liver allograft rejection. These include mycophenolate mofetil, rapamycin and IL-2 antibodies such as daclizumab. The development of these agents is allowing patient-specific immunosuppressive management to minimise rejection as well as the complications related to immunosuppression.

AN 2000295092 EMBASE <<LOGINID::20070402>>
TI Long term management of liver transplant rejection in children.
AU Mazariegos G.V.; Salzedas A.A.; Zavatsky J.; Sindhi R.; Parizhskaya M.; McGhee W.; Jain A.; Reyes J.
CS Dr. G.V. Mazariegos, University Pittsburgh Medical Ctr., T.E. Starzl Transplantation Inst., Children's Hospital of Pittsburgh, 3705 Fifth Avenue, Pittsburgh, PA 15213, United States. mazarieg@pitt.edu
SO BioDrugs, (2000) Vol. 14, No. 1, pp. 31-48. .
Refs: 80
ISSN: 1173-8804 CODEN: BIDRF4
CY New Zealand
DT Journal; General Review
FS 007 Pediatrics and Pediatric Surgery
009 Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LA English
SL English
ED Entered STN: 14 Sep 2000
Last Updated on STN: 14 Sep 2000

L9 ANSWER 20 OF 21 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
TI Acute and long-term complications of corticosteroid pulse therapy.
AB Complications caused by pulse therapy (PT) using 'suprapharmacological' doses of methylprednisolone (MP) are reviewed. The reported adverse effects vary between 0 and 56% in different series. More intense and prolonged PT seems to result in higher toxicity. An improvement in therapeutic index for PT over oral corticosteroids has been found in two out of three controlled studies on renal transplant rejection. No controlled studies of PT in SLE have been published. Neuropsychiatric reactions occur in both SLE and RA.
AN 84223814 EMBASE <<LOGINID::20070402>>
DN 1984223814
TI Acute and long-term complications of corticosteroid pulse therapy.
AU Wollheim F.A.
CS Department of Rheumatology, University Hospital, University of Lund, S-221

85 Lund, Sweden
SO Scandinavian Journal of Rheumatology, (1984) Vol. 13, No. SUPPL. 54, pp. 27-32. .
CODEN: SJRHAT
CY Sweden
DT Journal
FS 038 Adverse Reactions Titles
037 Drug Literature Index
031 Arthritis and Rheumatism
028 Urology and Nephrology
006 Internal Medicine
030 Pharmacology
LA English
ED Entered STN: 10 Dec 1991
Last Updated on STN: 10 Dec 1991

L9 ANSWER 21 OF 21 MEDLINE on STN
TI Acute and long-term complications of corticosteroid pulse therapy.
AB Complications caused by pulse therapy (PT) using "suprapharmacological" doses of methylprednisolone (MP) are reviewed. The reported adverse effects vary between 0 and 56% in different series. More intense and prolonged PT seems to result in higher toxicity. An improvement in therapeutic index for PT over oral corticosteroids has been found in two out of three controlled studies on renal transplant rejection. No controlled studies of PT in SLE have been published. Neuropsychiatric reactions occur in both SLE and RA.
AN 85016570 MEDLINE <<LOGINID::20070402>>
DN PubMed ID: 6385227
TI Acute and long-term complications of corticosteroid pulse therapy.
AU Wollheim F A
SO Scandinavian journal of rheumatology. Supplement, (1984) Vol. 54, pp. 27-32.
Journal code: 0400360. ISSN: 0301-3847.
CY Sweden
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198411
ED Entered STN: 20 Mar 1990
Last Updated on STN: 20 Mar 1990
Entered Medline: 9 Nov 1984

=> file uspatfull
COST IN U.S. DOLLARS SINCE FILE ENTRY TOTAL SESSION
FULL ESTIMATED COST 47.19 49.29

FILE 'USPATFULL' ENTERED AT 16:22:15 ON 02 APR 2007
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FILE COVERS 1971 TO PATENT PUBLICATION DATE: 29 Mar 2007 (20070329/PD)
FILE LAST UPDATED: 29 Mar 2007 (20070329/ED)
HIGHEST GRANTED PATENT NUMBER: US7197769
HIGHEST APPLICATION PUBLICATION NUMBER: US2007074324
CA INDEXING IS CURRENT THROUGH 29 Mar 2007 (20070329/UPCA)
ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 29 Mar 2007 (20070329/PD)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Oct 2006
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Oct 2006

=> s (GVHD or HVGD or (graft(w)versus(w)host) or (host(w)versus(w)graft) or (transplant(w)rejection))

```
          2658 GVHD
            34 HVGD
         73481 GRAFT
        252177 VERSUS
        307733 HOST
          8384 GRAFT(W)VERSUS(W)HOST
        307733 HOST
        252177 VERSUS
         73481 GRAFT
           987 HOST(W)VERSUS(W)GRAFT
         27477 TRANSPLANT
         78194 REJECTION
          7538 TRANSPLANT(W)REJECTION
L10       13482 (GVHD OR HVGD OR (GRAFT(W)VERSUS(W)HOST) OR (HOST(W)VERSUS(W)GRA
                FT) OR (TRANSPLANT(W)REJECTION))

=> s l10nd ((topically or locally)(w)acti?)
MISSING OPERATOR 'L10ND ((TOPICALLY'
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> s l10 and ((topically or locally)(w)acti?)
         47301 TOPICALLY
        183730 LOCALLY
       2471342 ACTI?
          1675 (TOPICALLY OR LOCALLY)(W)ACTI?
L11         90 L10 AND ((TOPICALLY OR LOCALLY)(W)ACTI?)

=> s l11 not py>2003
       1293758 PY>2003
L12         16 L11 NOT PY>2003

=> d l12 1-16 ti

L12  ANSWER 1 OF 16  USPATFULL on STN
TI     Compounds useful in the complement, coagulat and kallikrein pathways and
       method for their preparation

L12  ANSWER 2 OF 16  USPATFULL on STN
TI     Cytokine receptor zcytor17 multimers

L12  ANSWER 3 OF 16  USPATFULL on STN
TI     Connective tissue growth factor fragments and methods and uses thereof

L12  ANSWER 4 OF 16  USPATFULL on STN
TI     Methods for selective immunomodulation

L12  ANSWER 5 OF 16  USPATFULL on STN
TI     Human cytokine receptor

L12  ANSWER 6 OF 16  USPATFULL on STN
TI     Cytokine receptor zcytor17

L12  ANSWER 7 OF 16  USPATFULL on STN
TI     Method of treating inflammatory disorders of the gastrointestinal tract
       using topical active corticosteriods

L12  ANSWER 8 OF 16  USPATFULL on STN
TI     Gene transfer into the kidney

L12  ANSWER 9 OF 16  USPATFULL on STN
TI     Method of treatment of cancer by controlling graft-versus-leukemia using
       topical active corticosteriods
```

L12 ANSWER 10 OF 16 USPATFULL on STN
TI Immunologic activities of rhesus cytomegalovirus encoded IL-10 and human cytomegalovirus encoded IL-10

L12 ANSWER 11 OF 16 USPATFULL on STN
TI Fragments of connective tissue growth factor that induce extracellular matrix synthesis, collagen synthesis and/or myofibroblast differentiation

L12 ANSWER 12 OF 16 USPATFULL on STN
TI Method of long-term treatment of graft-versus-host disease using topical active corticosterioids

L12 ANSWER 13 OF 16 USPATFULL on STN
TI Method for preventing tissue damage associated with graft-versus-host or host-versus-graft disease following transplantation

L12 ANSWER 14 OF 16 USPATFULL on STN
TI Means to achieve sustained release of synergistic drugs by conjugation

L12 ANSWER 15 OF 16 USPATFULL on STN
TI High dose liposomal aerosol formulations containing cyclosporin A or budesonide

L12 ANSWER 16 OF 16 USPATFULL on STN
TI Gene transfer into the kidney

=> d l12 12 13 ti abs bib

L12 ANSWER 12 OF 16 USPATFULL on STN
TI Method of long-term treatment of graft-versus-host disease using topical active corticosterioids
AB A method for long-term therapy using corticosteriods to treat tissue damage associated with graft-versus-host disease in a patient having undergone hematopoietic cell transplantation, and host-versus-graft disease in a patient having undergone organ allograft transplantation. The method includes orally administering to the patient a therapeutically effective amount of a topically active corticosteroid, such as beclomethasone dipropionate, from the 29.sup.th day until the 56.sup.th day following hematopoietic cell or organ allograft transplantation. Representative tissues includes tissue of the intestine and liver, while representative tissue damage includes inflammation thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AN 2002:165228 USPATFULL <<LOGINID::20070402>>
TI Method of long-term treatment of graft-versus-host disease using topical active corticosterioids
IN McDonald, George B., Bellevue, WA, UNITED STATES
Stergiopoulos, Nicholas, Miami, FL, UNITED STATES
PI US 2002086857 A1 20020704
AI US 2001-753814 A1 20010103 (9)
PRAI US 2000-233194P 20000915 (60)
DT Utility
FS APPLICATION
LREP LYON & LYON LLP, 633 WEST FIFTH STREET, SUITE 4700, LOS ANGELES, CA, 90071
CLMN Number of Claims: 18
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 325

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L12 ANSWER 13 OF 16 USPATFULL on STN
TI Method for preventing tissue damage associated with graft-versus-host or host-versus-graft disease following transplantation
AB A method for preventing tissue damage associated with graft-versus-host disease in a patient having undergone hematopoietic cell transplantation, and host-versus-graft disease in a patient having undergone organ allograft transplantation. The method includes orally administering to the patient a prophylactically effective amount of a topically active corticosteroid, such as beclomethasone dipropionate, for a period of time following hematopoietic cell or organ allograft transplantation, and prior to the presentation of symptoms associated with graft-versus-host disease or host-versus-graft disease. Representative tissues includes tissue of the intestine and liver, while representative tissue damage includes inflammation thereof.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AN 2000:98416 USPATFULL <<LOGINID::20070402>>
TI Method for preventing tissue damage associated with graft-versus-host or host-versus-graft disease following transplantation
IN McDonald, George B., Bellevue, WA, United States
PA Institute for Drug Research, Inc., New York, NY, United States (U.S. corporation)
PI US 6096731 20000801
AI US 1998-151388 19980910 (9)
RLI Continuation-in-part of Ser. No. US 1998-103762, filed on 24 Jun 1998
DT Utility
FS Granted
EXNAM Primary Examiner: Krass, Frederick
LREP Ohlandt, Greeley, Ruggiero & Perle
CLMN Number of Claims: 40
ECL Exemplary Claim: 1
DRWN No Drawings
LN.CNT 486
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

=> d his

(FILE 'HOME' ENTERED AT 16:14:48 ON 02 APR 2007)

INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, ANTE, AQUALINE, AQUASCI, BIOENG, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA, CAPLUS, CEABA-VTB, CIN, CONFSCI, CROPB, CROPU, DDFB, DDFU, DGENE, DISSABS, DRUGB, DRUGMONOG2, DRUGU, EMBAL, EMBASE, ...' ENTERED AT 16:15:01 ON 02 APR 2007
SEA (GVHD OR HVGD OR (GRAFT(W)VERSUS(W)HOST) OR (HOST(W)VERSUS(

8140	FILE ADISCTI
501	FILE ADISINSIGHT
514	FILE ADISNEWS
66	FILE AGRICOLA
9	FILE ANABSTR
10	FILE AQUASCI
199	FILE BIOENG
19445	FILE BIOSIS
1993	FILE BIOTECHABS
1993	FILE BIOTECHDS
4311	FILE BIOTECHNO
541	FILE CABA

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            14851   FILE CAPLUS
              181   FILE CEABA-VTB
              456   FILE CIN
              636   FILE CONFSCI
                2   FILE CROPU
              406   FILE DDFB
             3478   FILE DDFU
           173765   FILE DGENE
              259   FILE DISSABS
              406   FILE DRUGB
             4326   FILE DRUGU
              149   FILE EMBAL
            23362   FILE EMBASE
             6704   FILE ESBIOBASE
               14   FILE FROSTI
                2   FILE FSTA
            12460   FILE GENBANK
               21   FILE HEALSAFE
             3019   FILE IFIPAT
              592   FILE IMSDRUGNEWS
               53   FILE IMSPRODUCT
              353   FILE IMSRESEARCH
                3   FILE KOSMET
             4309   FILE LIFESCI
            16222   FILE MEDLINE
              116   FILE NTIS
                1   FILE NUTRACEUT
             8878   FILE PASCAL
              341   FILE PHAR
              223   FILE PHARMAML
                5   FILE PHIC
              845   FILE PHIN
             3358   FILE PROMT
             4489   FILE PROUSDDR
            16618   FILE SCISEARCH
                2   FILE SYNTHLINE
             8646   FILE TOXCENTER
            13482   FILE USPATFULL
             1942   FILE USPAT2
                6   FILE VETB
               12   FILE VETU
             6929   FILE WPIDS
               87   FILE WPIFV
             6929   FILE WPINDEX
L1              QUE (GVHD OR HVGD OR (GRAFT(W) VERSUS(W) HOST) OR (HOST(W) VERS
                ---------

     FILE 'EMBASE, BIOSIS, MEDLINE' ENTERED AT 16:16:47 ON 02 APR 2007
L2          59029 S (GVHD OR HVGD OR (GRAFT(W)VERSUS(W)HOST) OR (HOST(W)VERSUS(W)
L3           1714 S L2 AND CORTICOSTEROID
L4             12 S L3 AND ((TOPICALLY OR LOCALLY)(W)ACTI?)
L5              7 DUP REM L4 (5 DUPLICATES REMOVED)
L6            184 S L3 AND (LONG(W)TERM)
L7             82 S L6 NOT PY>2001
L8             68 DUP REM L7 (14 DUPLICATES REMOVED)
L9             21 S L8 AND ORAL

     FILE 'USPATFULL' ENTERED AT 16:22:15 ON 02 APR 2007
L10         13482 S (GVHD OR HVGD OR (GRAFT(W)VERSUS(W)HOST) OR (HOST(W)VERSUS(W)
L11            90 S L10 AND ((TOPICALLY OR LOCALLY)(W)ACTI?)
L12            16 S L11 NOT PY>2003

=> log hold
COST IN U.S. DOLLARS                          SINCE FILE      TOTAL
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                                                        ENTRY     SESSION
FULL ESTIMATED COST                                      6.94       56.23

 SESSION WILL BE HELD FOR 120 MINUTES
STN INTERNATIONAL SESSION SUSPENDED AT 16:23:37 ON 02 APR 2007

Connecting via Winsock to STN



Welcome to STN International!  Enter x:x

LOGINID:SSPTAEXO1623

PASSWORD:
 * * * * * * RECONNECTED TO STN INTERNATIONAL * * * * * *
SESSION RESUMED IN FILE 'USPATFULL' AT 16:43:33 ON 02 APR 2007
FILE 'USPATFULL' ENTERED AT 16:43:33 ON 02 APR 2007
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COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       6.94      56.23

=> file registry
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       8.41      57.70

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provided by InfoChem.

STRUCTURE FILE UPDATES:    1 APR 2007  HIGHEST RN 928822-97-3
DICTIONARY FILE UPDATES:   1 APR 2007  HIGHEST RN 928822-97-3

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predicted properties as well as tags indicating availability of
experimental property data in the original document.  For information
on property searching in REGISTRY, refer to:

http://www.cas.org/ONLINE/UG/regprops.html

=> exp beclomethasone/cn
E1            1     BECLOMETASONE 17,21-DIPROPIONATE/CN
E2            1     BECLOMETASONE DIPROPIONATE/CN
E3            1 --> BECLOMETHASONE/CN
E4            1     BECLOMETHASONE 17,21-DIPROPIONATE/CN
E5            1     BECLOMETHASONE 17-MONOPROPIONATE/CN
E6            1     BECLOMETHASONE 17-PROPIONATE/CN
E7            1     BECLOMETHASONE 17A,21-DIPROPIONATE/CN
E8            1     BECLOMETHASONE 21-BUTYRATE/CN
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E9              1     BECLOMETHASONE 21-MONOPROPIONATE/CN
E10             1     BECLOMETHASONE 21-PALMITATE 17-PROPIONATE/CN
E11             1     BECLOMETHASONE 21-PROPIONATE/CN
E12             1     BECLOMETHASONE DIPENTANOATE/CN

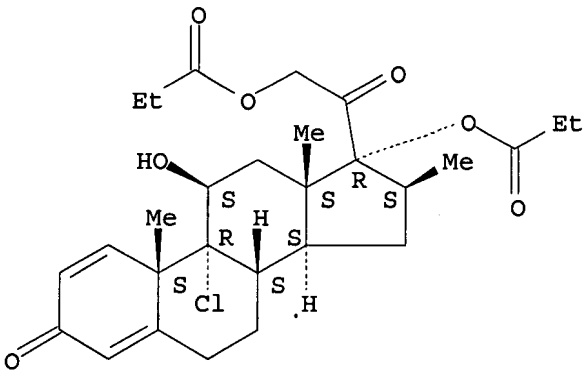
=> s E2
L13             1 "BECLOMETASONE DIPROPIONATE"/CN

=> d l13

L13  ANSWER 1 OF 1  REGISTRY  COPYRIGHT 2007 ACS on STN
RN   5534-09-8  REGISTRY
ED   Entered STN:  16 Nov 1984
CN   Pregna-1,4-diene-3,20-dione, 9-chloro-11-hydroxy-16-methyl-17,21-bis(1-
     oxopropoxy)-, (11β,16β)-  (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN   Pregna-1,4-diene-3,20-dione, 9-chloro-11β,17,21-trihydroxy-16β-
     methyl-, 17,21-dipropionate (7CI, 8CI)
OTHER NAMES:
CN   9α-Chloro-16β-methylprednisolone 17,21-dipropionate
CN   Aerobec
CN   Aldecin
CN   Aldecin AQ nasal
CN   Anceron
CN   Andion
CN   Beclacin
CN   Beclate
CN   Beclazone
CN   Beclazone 250
CN   Beclazone 50
CN   Beclomet
CN   Beclometasone 17,21-dipropionate
CN   Beclometasone dipropionate
CN   Beclomethasone 17,21-dipropionate
CN   Beclomethasone 17α,21-dipropionate
CN   Beclomethasone dipropionate
CN   Beclotide
CN   Beclotide 100
CN   Becloval
CN   Beclovent
CN   Beclovent Inhaler
CN   Becodisks
CN   Beconase
CN   Beconase AQ
CN   Becotide
CN   Belchlorhinol
CN   Belcoforte
CN   Belcomet
CN   Clenil A
CN   Entyderma
CN   Inalone O
CN   Inalone R
CN   Korbutone
CN   orBec
CN   Propaderm
CN   Propaderm Forte
CN   QVAR
CN   Qvar 50
CN   Rino-Clenil
CN   Sanasthmax
CN   Sanasthmyl
CN   Sanasthymyl
CN   Sch 8020W
CN   Vancenase
```

CN Vancenase AQ
CN Vanceril
CN Vanceril DS
CN Ventolair
ADDITIONAL NAMES NOT AVAILABLE IN THIS FORMAT - Use FCN, FIDE, or ALL for DISPLAY
FS STEREOSEARCH
DR 34135-07-4
MF C28 H37 Cl O7
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAOLD, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMLIST, CIN, CSCHEM, DDFU, DRUGU, EMBASE, IFICDB, IFIPAT, IFIUDB, IMSCOSEARCH, IMSDRUGNEWS, IMSPATENTS, IMSRESEARCH, IPA, MEDLINE, MRCK*, PHAR, PROMT, PS, RTECS*, SCISEARCH, TOXCENTER, USAN, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: EINECS**
(**Enter CHEMLIST File for up-to-date regulatory information)

Absolute stereochemistry.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

1158 REFERENCES IN FILE CA (1907 TO DATE)
13 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
1158 REFERENCES IN FILE CAPLUS (1907 TO DATE)
1 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

=> file caplus

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FULL ESTIMATED COST	7.35	65.05

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FILE LAST UPDATED: 1 Apr 2007 (20070401/ED)

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=> s E13
'E13' NOT FOUND
The E# entered is not currently defined.

=> s L13/thu
          1158 L13
        873756 THU/RL
L14        802 L13/THU
                 (L13 (L) THU/RL)

=> s l14 and (GVHD or HVGD or (graft-versus-host) or (host(w)versus(w)graft) or
(transplant(w)rejection))
          2722 GVHD
            13 HVGD
        103824 GRAFT
         32929 VERSUS
        213555 HOST
          1801 GRAFT-VERSUS-HOST
                 (GRAFT(W)VERSUS(W)HOST)
        213555 HOST
         32929 VERSUS
        103824 GRAFT
            35 HOST(W)VERSUS(W)GRAFT
         60682 TRANSPLANT
         36264 REJECTION
         11652 TRANSPLANT(W)REJECTION
L15         18 L14 AND (GVHD OR HVGD OR (GRAFT-VERSUS-HOST) OR (HOST(W)VERSUS(W
               )GRAFT) OR (TRANSPLANT(W)REJECTION))

=> s l15 not py>2002
       5095066 PY>2002
L16           3 L15 NOT PY>2002

=> d l16 1-3 ti abs bib

L16  ANSWER 1 OF 3  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Method using oral administration of a topically active corticosteroid for
     preventing tissue damage associated with graft-versus-
     host or host-versus-graft disease
     following transplantation
AB   A method is provided for preventing tissue damage associated with
     graft-vs.-host disease in a patient having undergone hematopoietic cell
     transplantation, and host-vs.-graft disease in a patient having undergone
     organ allograft transplantation.  The method includes orally administering
     to the patient a prophylactically effective amount of a topically active
     corticosteroid, such as beclomethasone dipropionate, for a period of time
     following hematopoietic cell or organ allograft transplantation, and prior
     to the presentation of symptoms associated with graft-vs.-host disease or
     host-vs.-graft disease.  Representative tissues includes tissue of the
     intestine and liver, while representative tissue damage includes
     inflammation thereof.
AN   2000:531659  CAPLUS <<LOGINID::20070402>>
DN   133:115533
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TI Method using oral administration of a topically active corticosteroid for preventing tissue damage associated with graft-versus-host or host-versus-graft disease following transplantation
IN McDonald, George B.
PA Institute for Drug Research, Inc., USA
SO U.S., 5 pp., Cont.-in-part of U.S. Ser. No. 103,762.
CODEN: USXXAM
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 6096731	A	20000801	US 1998-151388	19980910
CA 2413883	A1	20011129	CA 2000-2413883	20000522
WO 2001089529	A1	20011129	WO 2000-US14064	20000522

W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

PRAI US 1998-103762	A2	19980624	
US 1998-151388	A	19980910	
WO 2000-US14064	W	20000522	

RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L16 ANSWER 2 OF 3 CAPLUS COPYRIGHT 2007 ACS on STN
TI Oral beclomethasone dipropionate for treatment of intestinal graft -versus-host disease: a randomized, controlled trial
AB Beclomethasone dipropionate (BDP), a topically active steroid, seemed to be an effective treatment for intestinal graft-vs.-host disease (GVHD) in a phase I study. The aim of this study was to compare the effectiveness of oral BDP to that of placebo capsules in treatment of intestinal GVHD. Sixty patients with anorexia and poor oral intake because of intestinal GVHD were randomized to receive prednisone (1 mg · kg-1 · day-1) plus either oral BDP (8 mg/day) or placebo capsules. Initial responders who were eating at least 70% of caloric needs at evaluation on day 10 continued to take study capsules for an addnl. 20 days while the prednisone dose was rapidly tapered. The primary end point was the frequency of a durable treatment response at day 30 of treatment. The initial treatment response at day 10 was 22 of 31 (71%) in the BDP/prednisone group vs. 16 of 29 (55%) for the placebo/prednisone group. The durable treatment response at day 30 was 22 of 31 (71%) vs. 12 of 29 (41%), resp. (P = 0.02). The combination of oral BDP capsules and prednisone was more effective than prednisone alone in treating intestinal GVHD. Oral BDP allowed prednisone doses to be rapidly tapered without recurrent intestinal symptoms.
AN 1998:450133 CAPLUS <<LOGINID::20070402>>
DN 129:198161
TI Oral beclomethasone dipropionate for treatment of intestinal graft -versus-host disease: a randomized, controlled trial
AU Mcdonald, George B.; Bouvier, Michelle; Hockenbery, David M.; Stern, Jean M.; Gooley, Ted; Farrand, Allen; Murakami, Carol; Levine, Douglas S.
CS Gastroenterology/Hepatology, Clinical Statistics, and Clinical Nutrition Sections, Division of Clinical Research, Fred Hutchinson Cancer Research Center and University of Washington School of Medicine, Seattle, WA, USA
SO Gastroenterology (1998), 115(1), 28-35
CODEN: GASTAB; ISSN: 0016-5085
PB W. B. Saunders Co.

DT Journal
LA English
RE.CNT 45 THERE ARE 45 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L16 ANSWER 3 OF 3 CAPLUS COPYRIGHT 2007 ACS on STN
TI Oral beclomethasone dipropionate for treatment of human intestinal graft-versus-host disease
AB Oral beclomethasone dipropionate (BDP), a potent, topically active corticosteroid, was investigated as therapy for the title disease. Allogeneic marrow-graft recipients with biopsy-proven intestinal graft-vs.-host disease of mild-to-moderate severity received BDP (8 mg daily) for ≤28 days. Improvement was seen in appetite, oral food intake, nausea, and diarrhea over the course of therapy, and an overall beneficial response was observed in 72% of 40 evaluable patients. Surveillance cultures of throat and stools showed no increase in bacterial or fungal colonization over time. The adrenal axis became suppressed in 11 of 20 evaluable patients (55%) but suppression was not a prerequisite for clin. response, as 6 of 9 patients who retained normal adrenal function improved clin. It is concluded that oral BDP is a safe and effective treatment for mild-to-moderate intestinal graft-vs.-host disease. Systemic absorption probably occurs, but adrenal suppression is not a prerequisite for clin. efficacy, suggesting that the biol. effect is primarily topical.
AN 1996:49517 CAPLUS <<LOGINID::20070402>>
DN 124:165529
TI Oral beclomethasone dipropionate for treatment of human intestinal graft-versus-host disease
AU Baehr, Paul H.; Levine, Douglas S.; Bouvier, Michelle E.; Hockenbery, David M.; Gooley, Ted A.; Stern, Jean G.; Martin, Paul J.; McDonald, George B.
CS Clinical Research Division of the Fred Hutchinson Cancer Research Center, University of Washington, Seattle, WA, USA
SO Transplantation (1995), 60(11), 1231-8
CODEN: TRPLAU; ISSN: 0041-1337
PB Williams & Wilkins
DT Journal
LA English

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=> file registry
COST IN U.S. DOLLARS                                    SINCE FILE      TOTAL
                                                             ENTRY    SESSION
FULL ESTIMATED COST                                           0.21       0.21

FILE 'REGISTRY' ENTERED AT 16:39:48 ON 03 APR 2007
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STRUCTURE FILE UPDATES:    2 APR 2007  HIGHEST RN 928880-35-7
DICTIONARY FILE UPDATES:   2 APR 2007  HIGHEST RN 928880-35-7

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TSCA INFORMATION NOW CURRENT THROUGH December 2, 2006

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predicted properties as well as tags indicating availability of
experimental property data in the original document.  For information
on property searching in REGISTRY, refer to:

http://www.cas.org/ONLINE/UG/regprops.html

=> exp alcometasone/cn
E1            1     ALCOMER 90/CN
E2            1     ALCOMER D 247/CN
E3            0 --> ALCOMETASONE/CN
E4            1     ALCOMICIN/CN
E5            1     ALCON 1576/CN
E6            1     ALCON CILOX/CN
E7            1     ALCON EFRIN/CN
E8            1     ALCONATE 80/CN
E9            1     ALCONATE LEA/CN
E10           1     ALCONIL/CN
E11           1     ALCOPAN 250/CN
E12           1     ALCOPAR/CN

=> exp alcolmetasone/cn
E1            1     ALCOLEC Z 3/CN
E2            1     ALCOLEC Z 7/CN
E3            0 --> ALCOLMETASONE/CN
E4            1     ALCOLOY/CN
E5            1     ALCOLUBE NSI/CN
E6            1     ALCOMAX/CN
E7            1     ALCOMAX I/CN
E8            1     ALCOMAX II/CN
E9            1     ALCOMAX III/CN
E10           1     ALCOMAX IV/CN
E11           1     ALCOMED/CN
E12           1     ALCOMER 110L/CN

=> exp alclometasone/cn
E1            1     ALCLOFENAC SODIUM/CN
E2            1     ALCLOMETASOL DIPROPIONATE-OXICONAZOLE NITRATE MIXT./CN
E3            1 --> ALCLOMETASONE/CN
E4            1     ALCLOMETASONE DIPROPIONATE/CN
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E5              1     ALCLOMETHASONE/CN
E6              1     ALCLOPHENAC/CN
E7              1     ALCLOXA/CN
E8              1     ALCM/CN
E9              1     ALCO/CN
E10             1     ALCO (BACTERICIDE)/CN
E11             1     ALCO 545/CN
E12             1     ALCO 8562/CN

=> s E4
L1              1 "ALCLOMETASONE DIPROPIONATE"/CN

=> s clobetasol propionate/cn
L2              1 CLOBETASOL PROPIONATE/CN

=> s diflorasone diacetate/cn
L3              1 DIFLORASONE DIACETATE/CN

=> s flunisolide/cn or flurandrenolide/cn or (fluticasone propionate)/cn or
(halobetasol propionate)/cn or (halcinoside/cn) or (mometasone furoate/cn) or
(triamicinalone acetonide/cn)
                1 FLUNISOLIDE/CN
                1 FLURANDRENOLIDE/CN
                1 (FLUTICASONE PROPIONATE)/CN
                1 (HALOBETASOL PROPIONATE)/CN
                0 HALCINOSIDE/CN
                1 MOMETASONE FUROATE/CN
                0 TRIAMICINALONE ACETONIDE/CN
L4              5 FLUNISOLIDE/CN OR FLURANDRENOLIDE/CN OR (FLUTICASONE PROPIONATE)
                  /CN OR (HALOBETASOL PROPIONATE)/CN OR (HALCINOSIDE/CN) OR (MOMET
                 ASONE FUROATE/CN) OR (TRIAMICINALONE ACETONIDE/CN)

=> s halcinocide/cn
L5              0 HALCINOCIDE/CN

=> exp triamcinalone acetonide/cn
E1              1     TRIAM 805/CN
E2              1     TRIAMANTANE/CN
E3              0 --> TRIAMCINALONE ACETONIDE/CN
E4              1     TRIAMCINLON/CN
E5              1     TRIAMCINOLON/CN
E6              1     TRIAMCINOLONE/CN
E7              1     TRIAMCINOLONE 11-ACETATE/CN
E8              1     TRIAMCINOLONE 16,17,21-ORTHOVALERATE/CN
E9              1     TRIAMCINOLONE 16,17-(3'-PENTANONIDE)/CN
E10             1     TRIAMCINOLONE 16,17-ACETONIDE/CN
E11             1     TRIAMCINOLONE 16,17-ACETOPHENONIDE/CN
E12             1     TRIAMCINOLONE 16,17-CYCLIC CARBONATE 21-ETHYL CARBONATE/CN

=> s E10
L6              1 "TRIAMCINOLONE 16,17-ACETONIDE"/CN

=> exp halcinocide/cc
'CC' IS NOT A VALID EXPAND FIELD CODE FOR FILE 'REGISTRY'
The indicated field code is not available for EXPAND in this
file.  To see a list of valid EXPAND field codes, enter HELP
SFIELDS at an arrow prompt (=>).

=> exp halcinocide/cn
E1              1     HALCIDERM/CN
E2              1     HALCIMAT/CN
E3              0 --> HALCINOCIDE/CN
E4              1     HALCINOLIDE-TRIAMCINOLONE ACETONIDE MIXT./CN
E5              1     HALCINONIDE/CN
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```
E6            1     HALCION/CN
E7            1     HALCO-SUDS/CN
E8            1     HALCOAT/CN
E9            1     HALCOAT 85/CN
E10           1     HALCOMID M 8/10/CN
E11           1     HALCURIN (REDUCED)/CN
E12           1     HALDAR/CN

=> s E5
L7            1 HALCINONIDE/CN

=> file caplus
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                      67.50      67.71

FILE 'CAPLUS' ENTERED AT 16:44:16 ON 03 APR 2007
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FILE COVERS 1907 - 3 Apr 2007  VOL 146 ISS 15
FILE LAST UPDATED: 2 Apr 2007  (20070402/ED)

Effective October 17, 2005, revised CAS Information Use Policies apply.
They are available for your review at:

http://www.cas.org/infopolicy.html

=> s (L1-L4 and L6 and L7)
           128 L1
           494 L2
           152 L3
          1847 L4
          2592 L6
           283 L7
L8         114 ((L1 OR L2 OR L3 OR L4) AND L6 AND L7)

=> s (L1-L4 or L6 or L7)
           128 L1
           494 L2
           152 L3
          1847 L4
          2592 L6
           283 L7
L9        4492 ((L1 OR L2 OR L3 OR L4) OR L6 OR L7)

=> s l9 and (liver and transplan?)
        558814 LIVER
        102704 TRANSPLAN?
L10         16 L9 AND (LIVER AND TRANSPLAN?)

=> s l10 and oral
```

```
        204587 ORAL
L11          2 L10 AND ORAL

=> d l11 1-2 ti abs bib

L11  ANSWER 1 OF 2  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Method using oral administration of a topically active
     corticosteroid for preventing tissue damage associated with
     graft-versus-host or host-versus-graft disease following
     transplantation
AB   A method is provided for preventing tissue damage associated with
     graft-vs.-host disease in a patient having undergone hematopoietic cell
     transplantation, and host-vs.-graft disease in a patient having
     undergone organ allograft transplantation.  The method includes
     orally administering to the patient a prophylactically effective amount of a
     topically active corticosteroid, such as beclomethasone dipropionate, for
     a period of time following hematopoietic cell or organ allograft
     transplantation, and prior to the presentation of symptoms associated
     with graft-vs.-host disease or host-vs.-graft disease.  Representative
     tissues includes tissue of the intestine and liver, while
     representative tissue damage includes inflammation thereof.
AN   2000:531659  CAPLUS <<LOGINID::20070403>>
DN   133:115533
TI   Method using oral administration of a topically active
     corticosteroid for preventing tissue damage associated with
     graft-versus-host or host-versus-graft disease following
     transplantation
IN   McDonald, George B.
PA   Institute for Drug Research, Inc., USA
SO   U.S., 5 pp., Cont.-in-part of U.S. Ser. No. 103,762.
     CODEN: USXXAM
DT   Patent
LA   English
FAN.CNT 1
     PATENT NO.          KIND   DATE        APPLICATION NO.          DATE
     ---------------     ----   --------    --------------------     --------
PI   US 6096731           A     20000801    US 1998-151388           19980910
     CA 2413883           A1    20011129    CA 2000-2413883          20000522
     WO 2001089529        A1    20011129    WO 2000-US14064          20000522
         W:  AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU,
             CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL,
             IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA,
             MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI,
             SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ,
             BY, KG, KZ, MD, RU, TJ, TM
         RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,
             DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ,
             CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
PRAI US 1998-103762       A2    19980624
     US 1998-151388       A     19980910
     WO 2000-US14064      W     20000522
RE.CNT  3     THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT

L11  ANSWER 2 OF 2  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Method and means for treating glomerulonephritis using glucocorticoids
     having a first pass metabolism in the liver
AB   The invention provides the use of a glucocorticoid having a first pass
     metabolism in the liver of at least 90 % as active substance, for
     the manufacturing of a medicament for oral or rectal administration in
     the treatment of glomerulonephritis by releasing the active substance in
     the intestine.  The invention also provides a method for treatment of
     glomerulonephritis in a native kidney or a kidney transplant
     with the glucocorticoid as defined above.  The invention also comprises a
```

composition comprising the active substance and a pharmaceutically acceptable carrier, adjuvant or diluent designed for oral or rectal administration.

AN 1999:613669 CAPLUS <<LOGINID::20070403>>

DN 131:223969

TI Method and means for treating glomerulonephritis using glucocorticoids having a first pass metabolism in the liver

IN Hallgren, Roger; Fellstrom, Bengt

PA Pharmalink Baslakemedel AB, Swed.

SO PCT Int. Appl., 21 pp.
CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9947144	A1	19990923	WO 1999-SE406	19990316
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	SE 9800905	A	19990918	SE 1998-905	19980317
	SE 514128	C2	20010108		
	US 6239120	B1	20010529	US 1999-266023	19990311
	CA 2317796	A1	19990923	CA 1999-2317796	19990316
	AU 9929686	A	19991011	AU 1999-29686	19990316
	AU 749199	B2	20020620		
	EP 1056461	A1	20001206	EP 1999-910932	19990316
	EP 1056461	B1	20020918		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
	BR 9908838	A	20001212	BR 1999-8838	19990316
	JP 2002506824	T	20020305	JP 2000-536384	19990316
	AT 224195	T	20021015	AT 1999-910932	19990316
	ES 2181407	T3	20030216	ES 1999-910932	19990316
PRAI	SE 1998-905	A	19980317		
	US 1998-80274P	P	19980401		
	WO 1999-SE406	W	19990316		

RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> s l9 and (graft-versus-host)
103869 GRAFT
32947 VERSUS
213637 HOST
1804 GRAFT-VERSUS-HOST
(GRAFT(W)VERSUS(W)HOST)
L12 3 L9 AND (GRAFT-VERSUS-HOST)

=> d l12 1-3 ti abs bib

L12 ANSWER 1 OF 3 CAPLUS COPYRIGHT 2007 ACS on STN

TI Treatment of graft-versus-host disease and leukemia with beclomethasone dipropionate and prednisone

AB A method for reducing mortality associated with GVHD by treating the patent with an oral BDP regimen that involves co-administration of: (1) a high dose of prednisone (about 1-2 mg/kg/day) for about 10 days, which is then tapered rapidly over the following 7 days to a physiol. replacement dose

of about 0.0625 mg/kg/day for the remainder of the treatment, and (2) about 4-12 mg oral BDP q.i.d. for about 50 days, where the BDP is administered in both immediate release and enteric coated prepns. Another method is for treating leukemia by performing hematopoietic cell transplantation followed by said regimen. A significant reduction in patient mortality is observed 200 days after the start of these treatments.

AN 2006:655514 CAPLUS <<LOGINID::20070403>>
DN 145:96877
TI Treatment of graft-versus-host disease and leukemia with beclomethasone dipropionate and prednisone
IN McDonald, George B.; Stergiopoulos, Nicholas; Kanzer, Steve
PA Dor Biopharma, Inc., USA
SO PCT Int. Appl., 39 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2006072093	A2	20060706	WO 2005-US47666	20051230
	WO 2006072093	A3	20070322		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, LY, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SM, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW				
	RW: AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	US 2006252735	A1	20061109	US 2005-320564	20051230
PRAI	US 2004-640178P	P	20041230		

L12 ANSWER 2 OF 3 CAPLUS COPYRIGHT 2007 ACS on STN
TI Method of long-term treatment of graft-versus-host disease using topical active corticosteroids
AB A method for long-term therapy using corticosteroids to treat tissue damage associated with graft-vs.-host disease in a patient having undergone hematopoietic cell transplantation, and host-vs.-graft disease in a patient having undergone organ allograft transplantation. The method includes orally administering to the patient a therapeutically effective amount of a topically active corticosteroid, such as beclomethasone dipropionate, from the 29th day until the 56th day following hematopoietic cell or organ allograft transplantation. Representative tissues includes tissue of the intestine and liver, while representative tissue damage includes inflammation thereof.
AN 2002:505407 CAPLUS <<LOGINID::20070403>>
DN 137:42096
TI Method of long-term treatment of graft-versus-host disease using topical active corticosteroids
IN McDonald, George B.; Stergiopoulos, Nicholas
PA USA
SO U.S. Pat. Appl. Publ., 4 pp.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 2002086857	A1	20020704	US 2001-753814	20010103
	US 2004006053	A1	20040108	US 2003-613788	20030703

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PRAI US 2000-233194P       P     20000915
     US 2001-753814        B1    20010103

L12  ANSWER 3 OF 3  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Method using oral administration of a topically active corticosteroid for
     preventing tissue damage associated with graft-versus-
     host or host-versus-graft disease following transplantation
AB   A method is provided for preventing tissue damage associated with
     graft-vs.-host disease in a patient having undergone hematopoietic cell
     transplantation, and host-vs.-graft disease in a patient having undergone
     organ allograft transplantation.  The method includes orally administering
     to the patient a prophylactically effective amount of a topically active
     corticosteroid, such as beclomethasone dipropionate, for a period of time
     following hematopoietic cell or organ allograft transplantation, and prior
     to the presentation of symptoms associated with graft-vs.-host disease or
     host-vs.-graft disease.  Representative tissues includes tissue of the
     intestine and liver, while representative tissue damage includes
     inflammation thereof.
AN   2000:531659  CAPLUS <<LOGINID::20070403>>
DN   133:115533
TI   Method using oral administration of a topically active corticosteroid for
     preventing tissue damage associated with graft-versus-
     host or host-versus-graft disease following transplantation
IN   McDonald, George B.
PA   Institute for Drug Research, Inc., USA
SO   U.S., 5 pp., Cont.-in-part of U.S. Ser. No. 103,762.
     CODEN: USXXAM
DT   Patent
LA   English
FAN.CNT 1
     PATENT NO.          KIND   DATE        APPLICATION NO.          DATE
     ---------------     ----   --------    --------------------     --------
PI   US 6096731           A     20000801    US 1998-151388           19980910
     CA 2413883           A1    20011129    CA 2000-2413883          20000522
     WO 2001089529        A1    20011129    WO 2000-US14064          20000522
         W:  AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU,
             CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL,
             IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA,
             MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI,
             SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ,
             BY, KG, KZ, MD, RU, TJ, TM
         RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,
             DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ,
             CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
PRAI US 1998-103762       A2    19980624
     US 1998-151388       A     19980910
     WO 2000-US14064      W     20000522
RE.CNT  3     THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT


=> s l9 and (topically(w)active)
         10497 TOPICALLY
        973223 ACTIVE
           176 TOPICALLY(W)ACTIVE
L13         22 L9 AND (TOPICALLY(W)ACTIVE)

=> s l13 not py>2002
       5101876 PY>2002
L14         18 L13 NOT PY>2002

=> d l14 1-18 ti

L14  ANSWER 1 OF 18  CAPLUS  COPYRIGHT 2007 ACS on STN
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TI Comparison of the systemic availability of fluticasone propionate in healthy volunteers and patients with asthma

L14 ANSWER 2 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Method using oral administration of a topically active corticosteroid for preventing tissue damage associated with graft-versus-host or host-versus-graft disease following transplantation

L14 ANSWER 3 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Dose-related efficacy and tolerability of fluticasone propionate nasal drops 400 μg once daily and twice daily in the treatment of bilateral nasal polyposis: a placebo-controlled randomized study in adult patients

L14 ANSWER 4 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI A double-blind, placebo-controlled comparison of treatment with fluticasone propionate and levocabastine in patients with seasonal allergic rhinitis

L14 ANSWER 5 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Ligand-induced differentiation of glucocorticoid receptor (GR) trans-repression and transactivation: preferential targetting of NF-κB and lack of I-κB involvement

L14 ANSWER 6 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Diskus and diskhaler: efficacy and safety of fluticasone propionate via two dry powder inhalers in subjects with mild-to-moderate persistent asthma

L14 ANSWER 7 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI In vitro glucocorticoid receptor binding and transcriptional activation by topically active glucocorticoids

L14 ANSWER 8 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI The inhibitory effects of topically active glucocorticoids on IL-4, IL-5, and interferon-γ production by cultured primary CD4+ T cells

L14 ANSWER 9 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Effects of fluticasone propionate on arachidonic acid metabolites in BAL-fluid and methacholine dose-response curves in non-smoking atopic asthmatics

L14 ANSWER 10 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Oral preparations for adhesion to mucous membrane and tooth surface

L14 ANSWER 11 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Characterization of the antiinflammatory activity and reduced potential for dermal atrophy of (11β,16β)-9-fluoro-1',2',3',4'-tetrahydro-11,21-dihydroxypregna-1,4-dieno[16,17-b]naphthalene-3,20-dione hydrate (1:1) (SQ 26,490), a topically active corticoid

L14 ANSWER 12 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Corticosteroids for topical application

L14 ANSWER 13 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Two simple methods for the evaluation of topically active antiinflammatory steroidal ointments

L14 ANSWER 14 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Composition for treating psoriasis of the nails

L14 ANSWER 15 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Synthesis and structure-activity relationships in a novel series of topically active corticosteroids

```
L14  ANSWER 16 OF 18  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Interactions between econazole, a broad-spectrum antimicrobic substance,
     and topically active glucocorticoids

L14  ANSWER 17 OF 18  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Pharmacologic and toxicologic properties of a new topically
     active antiinflammatory steroid

L14  ANSWER 18 OF 18  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Physical, animal, and human pharmacologic, and toxicologic properties of
     desonide, a new, topically active, antiinflammatory
     steroid


=> s l14 and (oral or orally)
        204587 ORAL
         85947 ORALLY
L15          4 L14 AND (ORAL OR ORALLY)

=> d l15 1-4 ti abs bib

L15  ANSWER 1 OF 4  CAPLUS  COPYRIGHT 2007 ACS on STN
TI   Method using oral administration of a topically
     active corticosteroid for preventing tissue damage associated with
     graft-versus-host or host-versus-graft disease following transplantation
AB   A method is provided for preventing tissue damage associated with
     graft-vs.-host disease in a patient having undergone hematopoietic cell
     transplantation, and host-vs.-graft disease in a patient having undergone
     organ allograft transplantation.  The method includes orally
     administering to the patient a prophylactically effective amount of a
     topically active corticosteroid, such as beclomethasone
     dipropionate, for a period of time following hematopoietic cell or organ
     allograft transplantation, and prior to the presentation of symptoms
     associated with graft-vs.-host disease or host-vs.-graft disease.
     Representative tissues includes tissue of the intestine and liver, while
     representative tissue damage includes inflammation thereof.
AN   2000:531659  CAPLUS <<LOGINID::20070403>>
DN   133:115533
TI   Method using oral administration of a topically
     active corticosteroid for preventing tissue damage associated with
     graft-versus-host or host-versus-graft disease following transplantation
IN   McDonald, George B.
PA   Institute for Drug Research, Inc., USA
SO   U.S., 5 pp., Cont.-in-part of U.S. Ser. No. 103,762.
     CODEN: USXXAM
DT   Patent
LA   English
FAN.CNT 1
     PATENT NO.          KIND   DATE        APPLICATION NO.          DATE
     ---------------     ----   --------    --------------------     --------
PI   US 6096731           A     20000801    US 1998-151388           19980910
     CA 2413883           A1    20011129    CA 2000-2413883          20000522
     WO 2001089529        A1    20011129    WO 2000-US14064          20000522
         W:  AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU,
             CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL,
             IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA,
             MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI,
             SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ,
             BY, KG, KZ, MD, RU, TJ, TM
         RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,
             DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ,
             CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
PRAI US 1998-103762       A2    19980624
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US 1998-151388 A 19980910
WO 2000-US14064 W 20000522
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 2 OF 4 CAPLUS COPYRIGHT 2007 ACS on STN
TI Oral preparations for adhesion to mucous membrane and tooth surface
AB Oral prepns. for adhesion to the mucous membrane and tooth surface for prolonged release of active ingredients consist of: (1) a drug layer containing topically active ingredients, ≥1 of acrylic acid polymers, acrylic acid copolymers or their salts, Na CM-cellulose [9004-32-4], Na alginate [9005-38-3] and hydroxyethyl cellulose [9004-62-0] and glycerol [56-81-5] and(or) propylene glycol [57-55-6], and a support layer containing ≥1 of acrylic acid polymers, acrylic acid copolymers or their salts, Na CM-cellulose and hydroxyethyl cellulose and glycerol and(or) propylene glycol. Thus, poly(acrylic acid) [9003-01-4] 2, hydroxyethyl cellulose 3, propylene glycol 45, H2O 50 and Acrinol [1837-57-6] 0.1 g were mixed, spread on a polyester film and dried to form a 200-μm thick layer. Sep., carboxyvinyl polymer [9003-01-4] 1, Na CM-cellulose 4, propylene glycol 45, CaCl2 0.3 and H2O 50 were mixed, spread on a polyester film and dried to form a 100-μm thick layer. Both layers were separated from films, and laminated to produce an oral preparation
AN 1985:620810 CAPLUS <<LOGINID::20070403>>
DN 103:220810
TI Oral preparations for adhesion to mucous membrane and tooth surface
PA Nitto Electric Industrial Co., Ltd., Japan; Sunstar, Inc.
SO Jpn. Kokai Tokkyo Koho, 7 pp.
CODEN: JKXXAF
DT Patent
LA Japanese
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI JP 60116631	A	19850624	JP 1983-226492	19831129
PRAI JP 1983-226492		19831129		

L15 ANSWER 3 OF 4 CAPLUS COPYRIGHT 2007 ACS on STN
TI Two simple methods for the evaluation of topically active antiinflammatory steroidal ointments
AB One method is croton oil ear edema in rats and the other used homologous passive cutaneous anaphylaxis (PCA) in rats. In order to avoid problems such as the animals licking and(or) rubbing the ointments at the applied sites, which might result in oral uptake, each rat was housed individually and fitted with a plastic collar in the croton oil experiment The sites of ointment application in the PCA experiment were covered with adhesive plaster. Optimal exptl. conditions were as follows. In the former method, ointments were applied to the inside surface of the ear 5 min after the irritant treatment and antiedematous activity was determined after 6 h. In the latter, ointments were applied 3 h before the antigenic challenge in the dorsal area of animals which had been passively sensitized by antiserum, and inhibition of the increased permeability was determined 45 min after the challenge. These methods were reliable with respect to sensitivity and reproducibility of data. Ointments of halcinonide, betamethasone-17-valerate, hydrocortisone-17-butyrate, fluocinonide, flumethasone-21-pivalate and beclomethasone-17,21-dipropionate were evaluated by these methods.
AN 1981:204938 CAPLUS <<LOGINID::20070403>>
DN 94:204938
TI Two simple methods for the evaluation of topically active antiinflammatory steroidal ointments
AU Iizuka, Y.; Endo, Y.; Misawa, Y.; Misaka, E.

CS Cent. Res. Lab., Sankyo Co. Ltd., Tokyo, Japan
SO Agents and Actions (1981), 11(3), 254-9
CODEN: AGACBH; ISSN: 0065-4299
DT Journal
LA English

L15 ANSWER 4 OF 4 CAPLUS COPYRIGHT 2007 ACS on STN
TI Physical, animal, and human pharmacologic, and toxicologic properties of desonide, a new, topically active, antiinflammatory steroid
AB In laboratory animals, desonide (16α-hydroxyprednisolone 16,17-acetonide)(I) [638-94-8] had an average potency about 60 times that of hydrocortisone [50-23-7], which suggested that I should exhibit, on topical use, considerable antiinflammatory activity. I was about as active as fluocinolone acetonide [67-73-2] in human studies, having a more rapid onset than the reference steroid during the early phase of treatment. The absorption of I from a cream formulation applied to the skin of rabbits averaged 54% greater than that of triamcinolone acetonide [76-25-5]. I was 6 times as toxic as hydrocortisone and 6.7% as toxic as triamcinolone acetonide on acute s.c. administration to rats. A cream formulation of I was non-toxic after oral administration to rats and dogs, and it elicited a low order of toxicity when administered topically in large doses to rabbits.
AN 1972:108066 CAPLUS <<LOGINID::20070403>>
DN 76:108066
TI Physical, animal, and human pharmacologic, and toxicologic properties of desonide, a new, topically active, antiinflammatory steroid
AU Phillips, Barrie M.; Sanen, Frank J.; Leeling, Jerry L.; Hammes, Toni L.; Hartnagel, Ralph E.; Sancilio, Lawrence F.; Lorenzetti, Olfeo J.; Kraus, Paul J.
CS Miles Res. Div., Miles Lab., Inc., Elkhart, IN, USA
SO Toxicology and Applied Pharmacology (1971), 20(4), 522-37
CODEN: TXAPA9; ISSN: 0041-008X
DT Journal
LA English

=> d l14 1 4 6 7 9 11 ti abs bib

L14 ANSWER 1 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Comparison of the systemic availability of fluticasone propionate in healthy volunteers and patients with asthma
AB The aim of this anal. was to compare the systemic exposure to inhaled fluticasone propionate (FP) after administration of either single or repeated dose regimens via dry powder and metered-dose inhalers in patients with asthma and healthy volunteers. The pharmacokinetics of FP, a topically active glucocorticoid administered by inhalation for the treatment of asthma and rhinitis, are well characterized in healthy volunteers. As asthma is characterized by pathophysiol. changes in the lung, it may be inappropriate to use data from studies in healthy volunteers to predict the deposition and absorption of FP in patients with asthma. Pooled data from 13 pharmacokinetic studies showed that the systemic availability of FP (measured as area under the plasma FP concentration-time curve) after single or multiple administration by inhalation was 2 to 3 times lower in patients with asthma than in healthy volunteers. This observation correlated well with the systemic effects of FP in the 2 groups. Reduction in 24-h urinary cortisol excretion after inhalation of FP (determined in 9 of the studies) was greater in healthy volunteers than in patients with asthma. The hypothalamic-pituitary-adrenal axis suppression caused by systemic exposure to FP in adults with asthma is therefore substantially less than that in healthy volunteers. Differences in the deposition of FP in the lungs of patients with asthma, probably caused by obstructed inspiratory

airflow, may explain this observation.
AN 2001:23362 CAPLUS <<LOGINID::20070403>>
DN 135:81913
TI Comparison of the systemic availability of fluticasone propionate in healthy volunteers and patients with asthma
AU Daley-Yates, Peter T.; Tournant, Julien; Kunka, Robert L.
CS Clinical Pharmacology, Glaxo Wellcome Research and Development, Greenford, UK
SO Clinical Pharmacokinetics (2000), 39(Suppl. 1), 39-45
CODEN: CPKNDH; ISSN: 0312-5963
PB Adis International Ltd.
DT Journal
LA English
RE.CNT 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 4 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI A double-blind, placebo-controlled comparison of treatment with fluticasone propionate and levocabastine in patients with seasonal allergic rhinitis
AB Fluticasone propionate aqueous nasal spray (FPANS) is a topically active glucocorticoid which has been successfully used for the treatment of seasonal allergic rhinitis (SAR). Topical levocabastine is a highly selective H1 antagonist which has been proposed as an alternative treatment of SAR. The purpose of this study was to compare the clin. efficacy of two topical nasal treatments, FPANS and levocabastine, in the treatment of SAR. Addnl., the effect of treatments on nasal inflammation was examined during natural pollen exposure. A group of 288 adolescent and adult patients with at least a 2-yr history of SAR to seasonal pollens participated in a multicenter, double-blind, double-dummy, and placebo-controlled study. Patients were treated with either FPANS 200 μg, once daily (n=97), or topical levocabastine, 200 μg, given twice daily (n=96), or matched placebo (n=95) for a period of 6 wk, starting from the expected beginning of the pollen season. Clin. relevant pollens included Parietaria, olive, and grass. Assessment of efficacy was based on scores of daily nasal symptoms and on nasal cytol. of nasal lavage. Nasal lavage was performed immediately before, during, and at the end of treatment in 39 patients. FPANS significantly increased the percentage of symptom-free days for nasal obstruction on waking and during the day, rhinorrhea, sneezing, and itching. FPANS provided a better control for night and day nasal obstruction ($P<0.02$ and $P<0.01$) and rhinorrhea ($P<0.01$) than levocabas-.
AN 1999:811847 CAPLUS <<LOGINID::20070403>>
DN 132:30519
TI A double-blind, placebo-controlled comparison of treatment with fluticasone propionate and levocabastine in patients with seasonal allergic rhinitis
AU Ortolani, C.; Foresi, A.; Di Lorenzo, G.; Bagnato, G.; Bonifazi, F.; Crimi, N.; Emmi, L.; Prandini, M.; Senna, G. E.; Tursi, A.; Mirone, C.; Leone, C.; Fina, P.; Testi, R.
CS the FLNCo2 Italian Study Group, Divisione Bizzozzero di Medicina Interna, Ospedale Niguarda Milano, Italy
SO Allergy (Copenhagen) (1999), 54(11), 1173-1180
CODEN: LLRGDY; ISSN: 0105-4538
PB Munksgaard International Publishers Ltd.
DT Journal
LA English
RE.CNT 26 THERE ARE 26 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 6 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Diskus and diskhaler: efficacy and safety of fluticasone propionate via two dry powder inhalers in subjects with mild-to-moderate persistent asthma

AB Fluticasone propionate is a topically active glucocorticoid with potent antiinflammatory activity in the treatment of asthma. This study evaluated the safety and efficacy of fluticasone propionate administered via the Diskus and Diskhaler powder delivery devices in subjects with mild-to-moderate asthma. Fluticasone propionate (500 μg twice daily) or placebo was administered via the Diskus and Diskhaler to 213 adolescent and adult asthma subjects in a randomized, double-blind, double-dummy, parallel-group study for 12 wk. Subjects were stratified according to baseline therapy of inhaled corticosteroids or β2-agonists alone. Subjects were dropped from the study if they met predefined criteria for lack of efficacy. Fluticasone propionate improved pulmonary function both in subjects previously treated with inhaled corticosteroids or β2-agonists alone. At endpoint, fluticasone propionate significantly improved forced expiratory volume in 1 s ($P < .001$), morning and evening peak expiratory flow ($P < .001$), and asthma symptom scores ($P \leq .016$), and significantly reduced nighttime awakenings ($P = .016$; Diskhaler group only) and rescue albuterol use ($P < .001$). Overall, efficacy measurements for the Diskus and Diskhaler were similar. More placebo-treated subjects (34%) withdrew from the study due to lack of efficacy than subjects in the Diskus (5%) or Diskhaler (5%) groups. The incidence and severity of adverse events were similar across groups. Measurement of plasma fluticasone propionate and cortisol concns. showed no apparent influence of device on systemic exposure. Fluticasone propionate powder, administered via the Diskus or Diskhaler inhalation devices, was well tolerated and effective in the treatment of mild-to-moderate persistent asthma.

AN 1999:219181 CAPLUS <<LOGINID::20070403>>

DN 130:291792

TI Diskus and diskhaler: efficacy and safety of fluticasone propionate via two dry powder inhalers in subjects with mild-to-moderate persistent asthma

AU Galant, Stanley P.; Van Bavel, Julius; Finn, Albert; Gross, Gary; Pleskow, Warren; Brown, Alison; Hamedani, Abbas G.; Harding, Stuart M.

CS Clinical Trials of Orange Co., Orange, CA, USA

SO Annals of Allergy, Asthma, & Immunology (1999), 82(3), 273-280
CODEN: ALAIF6; ISSN: 1081-1206

PB American College of Allergy, Asthma, & Immunology

DT Journal

LA English

RE.CNT 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 7 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN

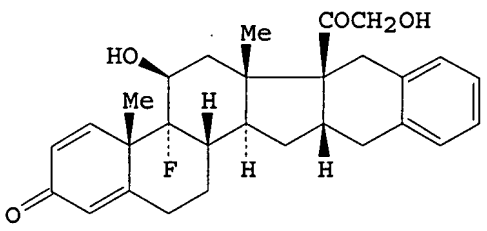
TI In vitro glucocorticoid receptor binding and transcriptional activation by topically active glucocorticoids

AB Mometasone furoate (MF, CAS 83919-23-7, Sch 32088), budesonide (BUD, CAS 51372-29-3), fluticasone propionate (FP, CAS 80474-14-2), and triamcinolone acetonide (TA, CAS-76-25-5) are corticosteroids that are either currently available or under development for allergic rhinitis and asthma. The relative affinity of these drugs for the glucocorticoid receptor and their ability to stimulate glucocorticoid receptor-mediated transactivation of gene expression were analyzed. All of the test compds. had a higher affinity for the recombinant glucocorticoid receptor than the reference glucocorticoid receptor ligand, dexamethasone (DEX, CAS 50-02-2). In addition, all compds. showed greater potency than dexamethasone in stimulating transcription of a synthetic target gene regulated by a glucocorticoid response element. Of the compds. tested, mometasone furoate had the highest relative binding affinity for the glucocorticoid receptor, followed by fluticasone propionate, budesonide, and triamcinolone acetonide. Similarly, mometasone furoate was the most potent stimulator of glucocorticoid receptor-mediated transactivation of gene expression, followed by fluticasone propionate, triamcinolone acetonide, and budesonide. These in vitro studies provide a sensitive means to compare the potency of

glucocorticoids and may reliably predict the in vivo topical potency of these drugs.
AN 1998:640580 CAPLUS <<LOGINID::20070403>>
DN 129:255227
TI In vitro glucocorticoid receptor binding and transcriptional activation by topically active glucocorticoids
AU Smith, Carolyn L.; Kreutner, William
CS Department Cell Biology, Baylor College Medicine, Houston, TX, USA
SO Arzneimittel-Forschung (1998), 48(9), 956-960
CODEN: ARZNAD; ISSN: 0004-4172
PB Editio Cantor Verlag
DT Journal
LA English

L14 ANSWER 9 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Effects of fluticasone propionate on arachidonic acid metabolites in BAL-fluid and methacholine dose-response curves in non-smoking atopic asthmatics
AB Hyperresponsiveness of the airways to nonspecific stimuli is a characteristic feature of asthma. Airway responsiveness is usually characterized in terms of the position and shape of the dose-response curve to methacholine (MDR). In the study the authors have investigated the influence of fluticasone propionate (FP), a topically active glucocorticoid, on arachidonic acid (AA) metabolites in broncho-alveolar lavage (BAL) fluid (i.e. TxB2, PGE2, PGD2, 6kPGF1α and LTC4) on the one hand and MDR curves on the other hand. The effect of FP was studied in a randomized, double-blind, placebo-controlled design in 33 stable non-smoking asthmatics; 16 patients received FP (500 μg b.i.d.) whereas 17 patients were treated with placebo. The authors found that the forced expiratory volume in 1 s (FEV1 % predicted) increased, the log2PC20 methacholine increased and the plateau value (% fall in FEV1) decreased after a 12 wk treatment period. No changes in AA-metabolites could be determined after treatment except for PGD2 which decreased nearly significantly within the FP treated group, whereas the change of PGD2 differed significantly in the FP treated group from placebo. The levels of the other AA metabolites (i.e. TxB2, PGE2, 6kPGF1α and LTC4) remained unchanged after treatment and were not significantly different from the placebo group. The authors' results support the hypothesis that although FP strongly influences the position, the shape and also the maximum response plateau of the MDR curve, this effect is not mainly achieved by influence on the level of AA metabolites. Other pro-inflammatory factors may be of more importance for the shape of the MDR curve. It is suggested that these pro-inflammatory factors are down regulated by FP.
AN 1996:502194 CAPLUS <<LOGINID::20070403>>
DN 125:133152
TI Effects of fluticasone propionate on arachidonic acid metabolites in BAL-fluid and methacholine dose-response curves in non-smoking atopic asthmatics
AU Overbeek, S. E.; Bogaard, J. M.; Garrelds, I. M.; Zijlstra, F. J.; Mulder, P. G. H.; Hoogsteden, H. C.
CS University Hospital Rotterdam Dijkzigt, Erasmus University, Rotterdam, Neth.
SO Mediators of Inflammation (1996), 5(3), 224-229
CODEN: MNFLEF; ISSN: 0962-9351
PB Rapid Science Publishers
DT Journal
LA English

L14 ANSWER 11 OF 18 CAPLUS COPYRIGHT 2007 ACS on STN
TI Characterization of the antiinflammatory activity and reduced potential for dermal atrophy of (11β,16β)-9-fluoro-1',2',3',4'-tetrahydro-11,21-dihydroxypregna-1,4-dieno[16,17-b]naphthalene-3,20-dione hydrate (1:1) (SQ 26,490), a topically active corticoid
GI



I

AB SQ 26,490 (I) [80738-47-2] was a moderately potent inhibitor of edema formation in the rat. After extended topical application, I totally inhibited edema formation without appreciable production of skin atrophy. This atrophy was maintained at a low plateau level of 15-20% at doses beyond those necessary to achieve optimal antiinflammatory activity. In contrast, the potent corticoids, fluocinolone acetonide [67-73-2] and halcinonide [3093-35-4], and the moderately potent corticoid, clobetasone butyrate [25122-57-0], produced inhibition of edema with a concomitant dose-related atrophy. Hydrocortisone [50-23-7], a weakly potent corticoid, totally inhibited edema and produced at high doses a low atrophy. Thus, I exhibited a greater separation of antiinflammatory and atrophogenic activities than comparative corticoids.

AN 1985:535387 CAPLUS <<LOGINID::20070403>>
DN 103:135387

TI Characterization of the antiinflammatory activity and reduced potential for dermal atrophy of (11β,16β)-9-fluoro-1',2',3',4'-tetrahydro-11,21-dihydroxypregna-1,4-dieno[16,17-b]naphthalene-3,20-dione hydrate (1:1) (SQ 26,490), a topically active corticoid

AU Wojnar, R. J.; Alpaugh, W. C.; Dzelzkalns, E.
CS Dep. Pharmacol., Squibb Inst. Med. Res., Princeton, NJ, 08540, USA

SO Arzneimittel-Forschung (1985), 35(8), 1264-8
CODEN: ARZNAD; ISSN: 0004-4172
DT Journal
LA English